



California State Athletic Commission

1424 Howe Ave. Ste. #33

Sacramento, CA 95825

www.dca.ca.gov/csac/

(916) 263-2195 FAX (916) 263-2197

**APPLICATION FOR PROFESSIONAL ATHLETE****BOXING****MIXED MARTIAL ARTS****KICKBOXING**

You must submit all the items listed below before your application is processed.
Your application will be considered "Pending" if any information is not completed.

\$60 Application Fee.**One (1) passport sized photograph (2"x 2").****Neurological Examination Report (by licensed physician specializing in neurology and/or neurosurgery).****Physical Examination Report by licensed physician.****Ophthalmologic Examination by licensed Ophthalmologist.****Negative HIV, HCV Antibody (Hepatitis C), and HBV Surface Antigen (Hepatitis B) test results must be submitted on the letterhead of a CLEA certified laboratory in the United States.****EKG Examination*****EKG Summary Report*****MRI Diagnostic Report*****MRI Summary Report******Baseline examinations. Only when ordered.****OFFICE USE ONLY****Date of Application:** _____

Date License Approved: _____

License # and Exp. Date: _____

Federal ID # and Exp. Date (Boxers only) : _____

Amount Rec'd: _____ Method of Payment: _____

Receipt #: _____ Receipt given by: _____

P/E Exp. Date: _____ HIV Exp. Date: _____

HBV Exp. Date: _____ HCV Exp. Date: _____

Ophthalmologic Exp. Date: _____

Neuro Exp. Date: _____

EKG Exp. Date: _____

MRI Diagnostic Report Date: _____

Section 1. Please print the following information:**Social Security Number:****Last****First****Middle****Address:****Street (No PO BOX)****City****State****Zip Code****Country****Telephone number:****Age:****Male / Female
Circle one****Birth Date:
(MM / DD / YYYY):****Height:**

____ Ft. ____ In.

Weight:

_____ pounds

Section 2. Please print the following information:Have you ever used any other name(s)? **YES NO** If yes, list name(s): _____Have you ever been disqualified in any competition? **YES NO** If yes, please explain: _____Has your license ever been denied, suspended or revoked in any state or country for medical reasons (OTHER THAN HIV, HBV, OR HCV)? **YES NO** If yes, please explain: _____

APPLICATION FOR PROFESSIONAL ATHLETE

APPLICANT NAME: _____

<p>Section 3. Please print the following information:</p> <p>Professional boxing record:</p> <p>Wins: _____ Wins by KO/TKO: _____ Losses: _____</p> <p>Losses by KO/TKO: _____</p> <p>Amateur boxing record:</p> <p>Wins: _____ Wins by KO/TKO: _____ Losses: _____</p> <p>Losses by KO/TKO: _____</p>	<p>Section 4. Please print the following information:</p> <p>Professional martial arts record:</p> <p style="text-align: center;">Kickboxing Mixed Martial Arts</p> <p>Wins: _____ Wins by KO/TKO/Submissions: _____</p> <p>Losses: _____ Losses by KO/TKO/Submissions: _____</p> <p>Amateur martial arts record:</p> <p style="text-align: center;">Kickboxing Mixed Martial Arts</p> <p>Wins: _____ Wins by KO/TKO/Submissions: _____</p> <p>Losses: _____ Losses by KO/TKO/Submissions: _____</p>
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Section 5. Please print the following information:

If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission, or any similar governmental authority, provide the following information for each license, listing the most recent first:

TYPE OF LICENSE	LICENSE YEAR	STATE/OTHER COMMISSION/ GOVERNMENTAL AUTHORITY
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your license ever been suspended, revoked or fined by the California State Athletic Commission, another athletic commission or any similar governmental authority? **YES NO** If YES, provide the following information:

TYPE OF LICENSE	ACTION TAKEN	REASON FOR ACTION	DATE OF ACTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there charges pending against you by the California State Athletic Commission, another athletic commission or any similar governmental authority? **YES NO** If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	GOVERNMENTAL AUTHORITY	HEARING DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been convicted of a crime in the past 10 years? **YES NO** If YES, provide the following information:

OFFENSE	DATE OF CONVICTION	CITY, STATE, COUNTRY	SENTENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any charges pending against you by any law enforcement agency? **YES NO** If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	CITY, STATE, COUNTRY	HEARING OR TRIAL DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Revised December 2007

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APPLICANT NAME: _____

Section 6. Please Print the Following Information:

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____
Address _____ Phone Number _____
City _____ State _____ Zip Code _____ Country _____

PLEASE READ CAREFULLY

AUTHORIZATION TO RELEASE INFORMATION

Authority to provide the California State Athletic Commission with this information is established pursuant to Sections 18640, 18642 and 18643 of the Business and Professions Code. Disclosure of your social security number is mandatory pursuant to Section 30 of the Business and Professions Code and Pub. L.94-455 (42 USCA 405 © © authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. The social security number is also used to report and credit boxer pension fund payments in implementing Sections 18880, 18881, 18882, 18883, 18884, 18887, and 18888 of the Business and Professions Code. If you fail to disclose your social security number your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Information on your application and physical examination report may be released to law enforcement agencies. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

APPLICANT DECLARATION

I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for a professional athlete's license and that all the answers given are my own. I further declare that all the answers are true AND THAT THE HIV/HBV/HCV TEST REPORT REPRESENTS MY HIV/HBV/HCV TEST RESULTS. I understand that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.

Applicant's signature: _____ Date: _____

This item is VOLUNTARY. You do not have to check this box.

☐ I hereby authorize the California State Athletic Commission to release my telephone number to any commission licensee for contact purposes. This authorization shall be valid during the license year in which this application is signed.

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